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For action

Recommendation for funding for a short-duration country programme

Colombia**

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Colombia with a duration of one year to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $840,000 from general resources, subject to the availability of funds, and $2,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the year 1999.

* E/ICEF/1998/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at teh end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding progarmmes" (E/ICEF/1998/P/L.21).

Basic data
(1996 unless otherwise stated)

Child population (millions, 0-18 years)	14.64
U5MR (per 1,000 live births)	31
IMR (per 1,000 live births)	26
Underweight (% moderate and severe, 1995)	8
Maternal mortality rate (per 100,000 live births,1990)	100
Literacy (% male/female, 1995)	91/91
Primary school enrolment (% net, male/female, 1995)	90/91
Primary school children reaching grade 5 (%, .995)	58
Access to safe water (%, 1995)	85
Routine EPI vaccines financed by Government (%, 1995)	99
GNP per capita (US $)	$2,140
One-year-olds fully immunized against:	
tuberculosis	98 per cent
diphtheria/pertussis/tetanus	92 per cent
measles	95 per cent
poliomyelitis	93 per cent
Pregnant women immunized against tetanus	.. per cent

The situation of children and women

1. The current situation of children and women in Colombia has been affected by the widening scale and viciousness of the armed conflict, increasing social violence and insecurity. Colombian children have been seriously affected by the armed conflict over the last four decades. Of an estimated 1 million people displaced by violence, children and women are principally affected. The majority of the displaced now live in crowded marginal areas of Colombian cities.

2. In the 1990s, the country's economic policies have seen moderate achievements. Annual growth averaged 4.45 per cent for 1991-1995, dropped to 2.1 per cent in 1996 and recovered to 3 per cent in 1997. In 1996, the gross national product per capita reached $2,140 and the inflation rate was 18 per cent. It was estimated in 1996 that 55 per cent of the population lived in poverty, with higher percentages among the indigenous and Afro-Colombian populations and in rural areas.

3. In Colombia, almost 3.5 million children are not registered with the authorities. An estimated 2 million boys and girls are abused each year, 850,000 of them seriously. In 1995, hospitals treated 32,371 cases of injuries to children under 18 years, one third of them a result of intra-family violence. In the first half of 1996, 700 cases of sexual exploitation were reported, 85 per cent of which involved girls. In 1996, violence was responsible for 4,322 child deaths. On the average, six homicides of children occur each day in Colombia.

4. It is estimated that close to 2 million Colombian children aged 7-17 years work. Of working adolescents aged 14 to 17 years, only 1 in 10 has social security. They work 50 hours a week on average, compared to the legal limit of 26 hours for their age, and 20-25 per cent are in hazardous occupations. In urban areas, 784,000 children work in the informal sector. Seven out of 10 do not attend school. The Colombian Institute of Family Welfare estimates that about 30,000 children, almost 90 per cent of them boys, live in the streets of the big cities. The majority drop out of school and never return. Three out of

four are addicted to alcohol, drugs, cigarettes or product inhalation. The country has 34 centres with a total capacity for 1,600 adolescents in conflict with the law, but in 1996, the occupation level reached 330 per cent. Almost three quarters of children in conflict with the law are between 15 and 17 years old.

5. Most of the goals of the World Summit for Children have been achieved in Colombia. The national infant mortality rate was estimated at 26 per 1,000 live births in 1996. Nevertheless, in regions where poverty and indigence are endemic, the rate is as high as 76. The main causes of death are perinatal problems, pneumonia, bronchitis and acute diarrhoea. For the country as a whole, immunization and control of vaccine-preventable diseases for children under five years are satisfactory. Nationally, malnutrition was cut by one half from 1977 to 1996, to 8 per cent. The maternal mortality rate (MMR) is still high, at 100 per 100,000 live births (1990) according to UNICEF and the World Health Organization (WHO) (although the Ministry of Health estimated the MMR to be 78 in 1996), and there are regions where it reaches 130. The rate of exclusive breast-feeding remains low, at 11 per cent during the first six months. Since 1997, Colombia has fortified its flour with iron, folic acid and B vitamins. In 1998, the country was certified free of iodine deficiency disorders.

6. Only 42 per cent of children have access to public pre-schools (grade 0). Of 100 children entering primary school, 58 will finish grade 5 but only 40 will do so in five years and only 30 will complete the basic education cycle (grade 9). The national illiteracy rate is 9-11 per cent, but in rural areas, it ranges from 24 to 30 per cent. Around 2.7 million children between 14 and 17 years of age do not go to school. For the same age group, only 47 out of every 100 start high school, with 84 per cent coming from urban areas. The country does not have gender disparities in access to the educational system, which nonetheless faces important challenges in terms of improving the quality of basic and high-school education.

7. While many of the Summit goals have been achieved or are nearing achievement, health and education remain precarious, especially in the poorer regions, indicating continuing social exclusion of poor, indigenous and Afro-Colombian groups. Problems such as maternal mortality and access to water and sanitation remain a challenge nationwide. The most flagrant violations of rights affect children who are involved directly or indirectly in the armed conflict as child soldiers, are internally displaced or exposed to land-mines or are subject to abuse and exploitation.

Programme cooperation, 1993-1998

8. The country programme for 1993-1998 aimed to position children permanently as the main concern of the State and civil society and to develop a culture of respect for their rights. UNICEF supported the formulation of policies and programmes oriented towards achieving the goals of the World Summit for Children, which were expressed in the national plan of action, and worked towards ensuring integral attention to children, youth and women.

9. The previous programme of cooperation was marked by two distinct phases, 1993-1995 and 1996-1998, although the defining element of success for each was the internal strengths of the UNICEF office. The first period was characterized by disjointed sectoral operations that were found to be insufficient to address the changing needs of children in Colombia. Implementation levels were very low, averaging between 30 and 35 per cent. In the second period, the country office adopted management excellence as a starting point in defining the mission of UNICEF in Colombia. Organizational capacity was strengthened through team- building and joint responsibility for producing results in an environment which emphasized continued learning. The resulting improvement in the quality of UNICEF technical assistance and its corporate presence were indispensable in harnessing the capacity of national counterparts.

10. The second period saw two key changes in the country programme. The first was the emergence of children in armed conflict, previously absent, as a critical programme component, which then became the springboard for involvement in the peace initiative, a powerful force in rallying society around children and convincing society of the serious interest of UNICEF in addressing children's problems at the roots. The second was the reorientation of the existing basic services programme, and the Colombian components of the subregional Andean and Amazon programmes, from provision of basic services to local development with three components: (a) strengthening local management of service delivery; (b) strengthening community participation in local development and improvement in joint planning and design of basic services; and (c) generation of experiences from 24 pilot municipalities to serve as inputs to the national decentralization process.

11. Experience in the application of the Convention on the Rights of the Child to Colombia points to the enormous importance of social movements in affecting societal values on children's rights. In 1996, as part of the Movement of Children for Peace and Rights, 2.7 million Colombian children voted on their rights, selecting peace and life as the most valued. In 1997, adults organized their own Mandate for Peace, Life and Liberty; 10 million voters rejected the use of force against civilian populations and demanded an end to displacement, assassination, kidnapping and the involvement of children in the conflict. The lessons to the country programme are invaluable: (a) resonant themes such as

peace are a powerful mobilizing force; (b) children's participation is effective for rallying adults and constitutes an investment in a future generation that will be more respectful of rights and diversity; (c) working with organizations with positive track records facilitates access to human and institutional experience; (d) inclusion is an important factor in developing consensus and ensuring the widest participation of civil society; (e) the role of UNICEF is that of an impartial broker, except when the issue at stake concerns the best interest of the child; (f) children's voices become a powerful medium when backed up by adults' voices; (g) mobilization for children's rights has to be seen in a long-term context; (h) the role of the media is more than worth the investment made in winning its attention and cooperation; and (i) promoting the voice of children does not need to be seen as manipulation by adults.

12. After an arduous process in which UNICEF played a vital role, civil society's involvement in the reform of legislation relating to children has won sufficient support among parliamentarians and is ensuring broad-based debate on proposed legislation on children's rights. In addition, two important fronts were opened up when UNICEF helped to: (a) influence the effectiveness of social investment for children, starting with a "20/20" analysis; and (b) leverage private and public resources for children. This generated a growing sense of co-responsibility for children as evidenced by increasing financial contributions from the private sector for children's causes. Likewise, substantial increases in local government spending related to children have resulted from UNICEF assistance to the formulation of local development plans.

13. The 1996 mid-term review was attended by national and subnational government and non-governmental counterparts, and representatives of United Nations and bilateral agencies. It galvanized the transformation required for the country programme to increase its relevance to the situation of children and its efficiency and overall effectiveness. The revitalized programme included protection of children in armed conflict, became more global and intersectoral, and consisted of three programme areas: (a) public policy and children; (b) social mobilization and communication; and (c) local development. The shift was guided by the objective of promoting peace and respect for children's rights. The country programme recognized that such promotion is a long-term process and that the programme should support and leverage resources and forces in the country. Implicit in this direction was the promotion of equity, sustainable development and gender equality. Of course, UNICEF will continue to work towards the goals for the year 2000 and to ensure their sustainability.

14. The country programme for 1993-1997 was extended to 1998 using unutilized funds. The integrated budget exercise for the biennium 1998-1999 built on the programmatic directions agreed to at the mid-term review. The proposed short-duration country programme will allow UNICEF to discuss the formulation of the new programme with the new Government, which will assume office in August 1998.

Recommended programme cooperation, 1999

Estimated annual expenditure
(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Public policy	300	280	580
Local development	280	660	940
Social mobilization and communication	260	1 060	1 320
Total	**840**	**2 000**	**2 840**

Objectives and strategies

15. The primary objectives of the country programme are to: (a) create greater awareness throughout society of the situation of children and women and further deepen and widen the mobilization of Colombians, especially children, to respect rights; (b) ensure society's response to the demands generated by the mobilization of children and adults by advocating with the Government and society the protection of children in armed conflict, child workers and abused and exploited children, as well as advocating compliance with the goals of the World Summit for Children; (c) continue advocacy with the central and local governments for more efficiency and

equity in social sector investment; (d) support adaptation of national legislation to the Convention on the Rights of the Child; and (d) continue support to local development, in the context of national decentralization, in selected urban marginalized areas and in rural areas with Afro-Colombian and indigenous populations.

16. The short-duration country programme will use the strategies of the 1996-98 period and will emphasize: (a) joint planning and team-building with counterparts; (b) a greater focus on children; (c) a combination of innovative actions that generate demand for children's rights and expansion of tested interventions; (d) continuous capacity-building for counterparts at all levels; and (e) leveraging of resources and movements by emphasizing co-responsibility.

17. In the event that the target for supplementary funding is not met, programmes will be adjusted by scaling back the local development and social communication and mobilization programmes, affecting mainly the coverage and number of projects in water and sanitation.

Public policy

18. The public policy programme will continue to ensure that children's and women's rights, in addition to peace and gender equity, are integrated in the development of social policies on a long-term basis. It will also promote public participation in social, economic and fiscal policy formulation to reorient policies so they better address children's needs.

19. Its main activities will include the leveraging of international, national and local resources to develop and maintain policies in favour of children and their families, especially the poorest. Using results of the 20/20 initiative, a joint project to ensure fiscal adjustments in favour of the social sector and the poor will be formulated with planning and fiscal counterparts. The programme will develop and conduct a course for key counterparts on effective programming for children. Children's and women's rights will be integrated in pilot social science courses in national universities to raise the consciousness of future generations of policy makers and planners in relation to children's issues from the rights perspective.

Local development

20. The local development programme will build on prior achievements and specifically address the following: (a) continued implementation of local development activities with a rights perspective in 24 priority urban and rural areas (Amazon, Andean and Pacific coastal regions), adopting the same strategy of strengthening local management, enhancing community participation and more efficient and effective provision of basic services funded by programme and local resources; (b) using lessons learned in the decentralization process and in work with such regional coordination bodies as the Regional Council on Social and Economic Planning and public administration schools that train local leaders; and (c) piloting the establishment of monitoring systems for children's rights in selected municipalities, giving priority to those covered by the Andean subregional programme.

Communication and social mobilization

21. This programme aims to continue and strengthen mobilization of children for rights and peace. It will further current achievements in placing children and women's rights and peace on the agenda of national and local leaders and opinion makers, promoting community and child participation on peace issues. It will support processes that create social capital as it relates to children. This programme also encompasses private sector fund-raising, greeting card sales and other activities to raise supplementary funds to finance the country programme.

22. The main activities are to: (a) develop a common strategy among non-governmental organizations (NGOs) for mobilizing children; (b) support participation by committed and more widely represented NGOs in the Ministry of Education's "Peace of 1,000 days" initiative, in order to strengthen the content of peace and rights in school curricula; (c) continue advocacy with relevant national institutions to take to scale experiences in preventing accidents caused by land-mines, psycho-social rehabilitation of internally displaced children and protection of child workers, especially those in hazardous occupations; (d) develop innovative strategies to respond to child abuse; (e) train journalists on the ethics of reporting on children and on perception of children's rights; (f) advocate to ensure legal and programmatic actions to comply with the children's mandate for peace and rights and the citizens' mandate for peace, life and liberty; (g) ensure full implementation of a social mobilization course in the *Universidad del Valle*; and (h) expand alliances with the private sector.

Links between programmes

23. The three programmes will be closely related to each other. Experiences generated in the local development programme will feed into the public policy programme. The local development programme will include a social communication and mobilization component and provide valuable experiences for the national social mobilization programme. At the same time both public policy and communication can provide strategic collaboration to the local development programme. The local development and the social communication

programmes will generate public participation to support work in the policy area. A permanent component of the three programmes will be leveraging of resources.

Monitoring and evaluation

24. The UNICEF Colombia office will conduct three programme monitoring exercises in 1999, two of them internal and one involving all counterparts, partners in the United Nations system and bilateral allies. The project committees set up under the previous country programme will be used to maintain continuous follow-up and make any necessary adjustments.

Coordination with other United Nations agencies

25. UNICEF will maintain close collaboration with United Nations and bilateral agencies in the implementation and revision of the country programme. It will strengthen its programmatic links through participation in United Nations thematic groups and other working groups established for specific geographical areas. The United Nations Educational, Scientific and Cultural Organization, the United Nations Population Fund and WHO will be close partners in meeting the goals of the World Summit for Children. The United Nations Development Programme will be involved in the follow-up to the 20/20 initiative, and the entire United Nations family in monitoring follow-up to the global conferences. The country programme will provide experience to and learn from the United Nations Development Assistance Framework process. Support from bilateral and United Nations agencies will be sought in activities emanating from the mandate for peace, life and liberty.

Programme management

26. Management of the programme will be coordinated by a team headed by the new Colombian Agency for the External Cooperation and include representatives of all ministries, institutions and partners of civil society, as well as UNICEF and other agencies. Similar operational committees will continue to work in the municipalities where local development plans are being implemented. The generation of adequate alliances will be essential to leveraging and mobilizing resources to achieve the proposed objectives. Management excellence will be part of the process at all levels.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : COLOMBIA
PROGRAMME : 1998-1999

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
SOCIAL MOBILIZATION AND COMMUNICAT	260,000			260,000	0	0	0	0	0	0	0	1	2	3	0	104,429	104,429
PUBLIC POLICY	300,000			300,000	0	0	0	0	0	0	0	1	3	4	0	136,536	136,536
LOCAL DEVELOPMENT	280,000			280,000	0	0	0	0	0	0	0	1	2	3	0	148,728	148,728
PROANDES	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
AMAZON SUB-REGIONAL PROGRAMME	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR	840,000			840,000	0	0	0	0	0	0	0	3	7	10	0	389,693	389,693
SUPPLEMENTARY FUNDING :																	
SOCIAL MOBILIZATION AND COMMUNICAT		290,550	769,450	1,060,000	0	0	0	1	0	0	1	1	1	3	118,831	80,394	199,225
PUBLIC POLICY		0	280,000	280,000	0	0	0	0	0	0	0	0	0	0	0	0	0
LOCAL DEVELOPMENT		0	660,000	660,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PROANDES		0	900,000	900,000	0	0	0	0	0	0	0	0	0	0	0	0	0
AMAZON SUB-REGIONAL PROGRAMME		0	500,000	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		290,550	3,109,450	3,400,000	0	0	0	1	0	0	1	1	1	3	118,831	80,394	199,225
TOTAL GR & SF	840,000	290,550	3,109,450	4,240,000	0	0	0	1	0	0	1	4	8	13	118,831	470,087	588,918
SUPPORT BUDGET		Operating costs		209,440													
		Staffing			0	0	1	1	0	0	2	4	9	15	254,232	520,131	774,363
GRAND TOTAL (GR + SF + SB)					0	0	1	2	0	0	3	8	17	28	373,063	990,218	1,363,281
Number of posts and staff costs:																	
Current programme cycle											3	7	17	27			
At the end of proposed programme cycle (indicative only)											3	8	17	28	373,063	990,218	1,363,281

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.
c/ The supplementary-funded PROANDES and Amazon subregional programmes were previously approved by the Executive Board.

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For action

Recommendation for funding for a short-duration country programme**

Democratic People's Republic of Korea

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of the Democratic People's Republic of Korea with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $1,677,000 from general resources, subject to the availability of funds, and $3,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1999 to 2000.

* E/ICEF/1998/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

Basic data
(1996 unless otherwise stated)

Child population (million, under 18 years)	7.0
U5MR (per 1,000 live births)	30
IMR (per 1,000 live births)	23
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1990)	70
Literacy (% male/female)	../..
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%) (1995)	81
Routine EPI vaccines financed by Government (%)	..
GNP per capita (US$) (1987)	970 a/
One-year-olds fully immunized against:	
tuberculosis:	60 per cent
diphtheria/pertussis/tetanus:	96 per cent
measles:	60 per cent
poliomyelitis:	58 per cent
Pregnant woman immunized against tetanus (1995):	95 per cent

a/ 1996 GNP per capita is estimated to be low-middle income: $786 to $3,115.

The situation of children and women

1. Since the establishment of the Democratic People's Republic of Korea, many child rights, such as the rights to health, education and nutrition, have been protected by legislation and administrative action. Most of these preceded the ratification of the Convention on the Rights of the Child. The same is true for many rights enshrined in the Convention on the Elimination of all Forms of Discrimination against Women. The rights of children and women also are promoted through the country's mass media. Over the years, these rights were largely fulfilled by a combination of central Government provision and local action such as the partial financing of health, education, child care, and water and sanitation services by agricultural cooperatives.

2. However, despite the lack of verifiable national data, observations of international agencies over the past two years indicate widespread and severe child malnutrition commonly associated with diarrhoea, skin infections and pneumonia. The underlying causes of the malnutri-

tion and diseases have been inadequate supplies of food, heating, soap, disinfecting agents and safe water, combined with compromised human waste disposal facilities. Simultaneously, the health services collapsed because of these very shortages and the lack of drugs and equipment. Additionally, formerly high attendance at nurseries and kindergartens, important child-care institutions, declined by over 50 per cent because of inadequate food and heating. The basic cause of this reversal in fulfilment of the rights of children and women has been the continuous economic decline since 1990, aggravated by four successive years of natural disasters, beginning with severe hailstorms in 1994.

Programme cooperation, 1994-1998

3. The 1994-1998 regular programme of cooperation was funded entirely from general resources and embraced activities in primary health care (PHC), child nutrition, basic education and social mobilization. Following the major flooding of 1995, the Government appealed for international aid, and the country programme was modified to provide emergency assistance for the rehabilitation of severely malnourished children. Subsequently, a supplementary-funded emergency programme was established as natural disasters struck again in the two succeeding years. Expenditure for the emergency programme amounted to $2,367,000 in 1996 and $6,236,900 in 1997. By April 1998, 65 per cent of the year's $14,539,823 emergency programme budget was funded.

4. The regular programme of cooperation was designed with a focus on capacity-building to complement service delivery in health, nutrition and education. A major portion of capacity-building consisted of overseas visits, for example, to study neonatal tetanus control. During the first two years, equipment and supplies were provided for the expanded programme on immunization (EPI), as well as for the control of diarrhoeal diseases and acute respiratory infections (ARI). Initially, the nutrition programme included a project which funded equipment and an overseas visit to study the production of weaning foods. However, this project was not completed by the time the emergency programme replaced many of the regular programme activities. Equipment also was provided for salt iodization, which was interrupted by the natural disasters as well. The education programme, which focused on branch schools in remote areas, provided television sets and video cassette recorders for distance education, as well as paper for textbook production. The social mobilization programme involved advocacy related to the Convention on the Rights of the Child and supported a multiple indicator cluster survey (MICS) in 1996.

5. The emergency programme initially focused on the provision of corn-soy blend and high-energy milk, along with training for the rehabilitation of severely malnourished children. This was supplemented by assistance for small-scale food production at children's institutions. In 1997 and 1998, these activities were expanded further with the provision of supplies and training for preventive PHC and the disinfection of water supplies. In the last two years, orphanages also have received materials for the renovation of physical facilities and paper for textbook production.

6. The effectiveness of the emergency programme can only be judged from two sources of partial information. Some hospitals have reported a decline in the death rates of children admitted with severe malnutrition. Wonsan City Pediatric Hospital, in Kangwon Province, for example, reported a decline in deaths of admitted children from 30 to 15 per cent during the last half of 1997. The other indication of impact is the visibly apparent decline in the prevalence and severity of child malnutrition reported by international aid personnel who have visited hospitals and child-care institutions. This impression is corroborated by inspection of the hospital records shown to visiting staff.

7. The natural disasters of 1994-1997 precipitated a complex emergency and an uncertain situation. The Government's response has been to give highest priority to agricultural recovery for national self-sufficiency in grain production for human consumption by the year 2000. Consequently, the Government and UNICEF have agreed to implement a two-year bridging programme, to cover a period of social sector rehabilitation, before embarking on a regular cycle of development cooperation.

Lessons learned

8. The establishment of a country office with regular UNICEF staff has demonstrated the importance of maintaining on-the-spot decision-making capacity in the country. The physical presence of UNICEF permitted day-to-day communication with counterparts, which eventually led to confidence-building and access to previously off-limits institutions and areas of the country. Examples include access to orphanages and road travel to northern provinces such as Yanggang, bordering China. UNICEF presence also facilitates follow-up on Government commitments, such as post-study tour activities. Further, consistent support and dialogue

maintains counterpart interest and leads to information-sharing on related national activities, of which international partners may otherwise be unaware. Another important lesson is that almost all children are accessible through nurseries and kindergartens which they regularly attend when these institutions have adequate food and heating.

Recommended programme cooperation, 1999-2000

Estimated annual expenditure
(In thousands of United States dollars)

	1999	2000	Total
General resources			
Health	150	140	290
Nutrition	150	140	290
Education	50	50	100
Water and environmental sanitation	150	150	300
Social mobilization and advocacy	150	150	300
Cross-sectoral costs	197	200	397
Subtotal	**847**	**830**	**1 677**
Supplementary funding			
Health	430	430	860
Nutrition	430	430	860
Education	85	85	170
Water and environmental sanitation	430	430	860
Social mobilization and advocacy	-	-	-
Cross-sectoral costs	125	125	250
Subtotal	**1 500**	**1 500**	**3 000**
Total	**2 347**	**2 330**	**4 677**

Country programme preparation process

9. The programme preparation process was initiated in February 1998 by the submission of a brief position paper by UNICEF to the Government. UNICEF staff and government counterparts met subsequently to agree on a conceptual framework and data needs for the situation analysis.

10. Later, UNICEF drafted a master plan of operations (MPO), a modification of which was agreed upon after dialogue with the Government. Several aspects of the country programme proposal benefited from ongoing discussions with other international partners providing humanitarian assistance. However, because of the Government's preference, the formal involvement of other agencies was limited to their participation in the preview discussion of the MPO, held in early May. United Nations

agencies and local representatives of Executive Board member countries were invited to the meeting, and several participated.

Programme objectives and strategy

11. The country programme will have three major objectives. The first objective is to restore children's and women's well-being to their pre-emergency levels by reducing child and maternal mortality, morbidity and malnutrition, and facilitating psychosocial development for young children. A second objective is to promote progressive implementation and monitoring of the Convention on the Rights of the Child, focusing primarily on improvement of the situation of orphaned and destitute children. The third objective is to build, in selected demonstration areas, the basis for sustainable social development using integrated and multisectoral activities.

12. These objectives will be pursued primarily through development-oriented approaches in spite of the country programme's focus on emergency rehabilitation. Thus, there will be a focus on pregnant women and 0- to 4-year-old children. However, attention also will be paid to meeting the basic needs and realizing the rights of children in need of special protection. Support for the delivery of basic services will be pursued in a manner consistent with national capacity-building. Social mobilization also will be employed to promote essential behavioural choice and change embracing both communities and families.

13. The core programme, to be funded from general resources, will aim at national capacity-building to ensure sustainability of actions and impact, and model-building in selected areas for later expansion; modest support for service delivery; and social mobilization, including programme support communications, in support of all of the foregoing. Because of the pressing need for rehabilitation, supplementary funds will be used to support and expand service delivery in health, nutrition, water and environmental sanitation, and education.

14. The country programme will consist of four sectorally-oriented programmes in health, nutrition, education, and water and environmental sanitation. These will be supported by programmes for social mobilization and advocacy, as well as for monitoring and evaluation. All programmes will have support communications projects focusing on life skills for behavioural choice and change, and will be integrated into the social mobilization and advocacy programme. Each programme also will have a monitoring and evaluation project with a capacity-building focus. These projects will converge in an integrated monitoring and evaluation plan for the country programme.

Health

15. One project of the health programme will provide essential supplies, equipment and technical assistance to revive EPI. UNICEF will collaborate with the World Health Organization (WHO) and the Democratic People's Republic of Korea Red Cross in implementing this project, which will aim at national coverage and receive a small amount of general resources; supplementary funds will be used to expand geographic coverage and the range of vaccines provided. A second project will support training, supplies and equipment while developing models for safe motherhood in areas designated by Government for UNICEF assistance; supplementary funds will be used to increase geographical coverage and provide ambulances. The project will be linked to related activities funded by the United Nations Population Fund (UNFPA). A third project on child health will use some general resources for the control of diarrhoeal diseases and ARI. It will provide training as well as essential drugs for the control of ARI and support communications to foster behavioural choice and change linked to the water and environmental sanitation and nutrition programmes. Supplementary funds will be used to provide the bulk of essential drugs. Collaboration also will be pursued with WHO on diarrhoeal disease surveillance.

Nutrition

16. The nutrition programme will have two projects. One project will aim to refine models for child growth monitoring and promotion, and early childhood stimulation to reduce the incidence of malnutrition and developmental delays. It will be implemented in collaboration with a suitable non-governmental organization in nurseries located in the counties selected for the safe motherhood project. These nurseries will receive supplies and equipment, complemented by technical assistance from the Institute of Child Nutrition (ICN). Related activities within the social mobilization and advocacy programme will provide training and some essential material support for trainers from ICN. The second nutrition project will address the major micronutrient deficiencies. It will provide supplies and equipment for salt iodization and vitamin A capsules for children, and be linked to EPI. Supplementary funds will be used to expand programme coverage, support a project officer and build national capacity to sustain activities in the future.

Education

17. One project of the education programme will provide basic equipment and supplies for branch schools and institutions for orphans and destitute children. A training component also will be included. A second project will provide supplies and training for the introduction of life skills into the curriculum for primary and secondary schools and for methods of assessing learning achievement in areas designated for UNICEF assistance. The third project will aim at fostering early childhood care for development of the kindergarten age group by providing equipment and supporting training and technical assistance through consultant services. Supplementary funds will be used to expand the scale of the programme and provide essential supplies.

Water and environmental sanitation

18. This programme will consist of three projects for the rehabilitation of water and environmental sanitation services. One project will provide supplies, equipment, training and programme support communication to improve the quality and availability of water in institutions for orphans and destitute children. A second project will provide equipment and supplies to improve rural water and sanitation services in the counties designated for UNICEF assistance. General resources will be used primarily for the development of the water and environmental sanitation package, which will then be extended, with the use of supplementary funds, for equipment, materials and professional staff support. The third project will be entirely dependent on supplementary funds and will contribute to the rehabilitation of the urban water system by providing supplies and training to disinfect water supplies in UNICEF-designated areas.

Social mobilization and advocacy

19. This programme will use general resources to provide equipment, supplies and training for establishing adequate monitoring and evaluation systems, as well as building capacity for the promotion of child rights.

Monitoring and evaluation

20. An integrated monitoring and evaluation plan will be based primarily on sentinel site data collection with aggregation to produce national-level statistics. Indicators will include child nutritional status from nursery surveillance, hospital birth weights, selected child and maternal morbidity and mortality records, as well as indicators for education, water and sanitation, to be established at the start of the programme.

21. A MICS will be conducted annually. Additionally, special studies will be carried out to evaluate selected aspects of the nutrition, education, and water and sanitation programmes.

Cooperation with other agencies

22. UNICEF will cooperate closely with WHO, which will provide technical support to the country for disease surveillance, the control of tuberculosis, polio eradication and EPI. Similarly, the UNFPA-funded programme on reproductive health will be relevant for lowering maternal mortality and morbidity. Linkage also will be made to the United Nations Development Programme/Food and Agriculture Organization of the United Nations agricultural recovery and environmental protection project to ensure a positive impact on priority social sectors. A specific effort will be made to add a health and nutrition component to the livestock project funded by the International Fund for Agricultural Development, which will generate disposable funds for agricultural cooperatives. Further, the country programme will seek to ensure balanced nutrition through micronutrient fortification of food targeted to children and women by the World Food Programme and other agencies.

Programme management

23. The programme will be managed according to agreed annual management plans and monthly review and planning meetings. Because of the complex emergency situation, the small support budget and visa constraints, the office will depend on a small team of staff, some of whom will be short-term appointees with little or no UNICEF experience. Consequently, emphasis will be placed on supportive supervision, including on-the-job training. Additionally, regional support will be sought to supplement Pyongyang office skills. For example, the UNICEF Beijing office will assist with supply and logistics support on a cost-sharing basis. A particular challenge will be to improve the efficiency of supply distribution. UNICEF Pyongyang recently acquired four trucks to facilitate the distribution of supplies. During the biennium, the Government is expected to assume ownership and cover the full operating costs of these trucks. The office also will depend on supplementary funding to help establish and maintain essential communications and other operational capacity.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : DPR KOREA
PROGRAMME : 1999-2000

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	290,000			290,000	0	0	0	1	0	0	1	0	0	1	263,379	0	263,379
NUTRITION	290,000			290,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION	100,000			100,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER, SANITATION AND HYGIENE	300,000			300,000	0	0	0	0	0	0	0	0	0	0	0	0	0
SOCIAL MOBILIZATION AND ADVOCACY	300,000			300,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	397,000			397,000	0	0	0	0	1	0	1	0	0	1	253,256	0	253,256
TOTAL GR	1,677,000			1,677,000	0	0	0	1	1	0	2	0	0	2	516,635	0	516,635
SUPPLEMENTARY FUNDING :																	
HEALTH		0	860,000	860,000	0	0	0	0	1	0	1	0	0	1	253,256	0	253,256
NUTRITION		0	860,000	860,000	0	0	0	1	0	0	1	0	0	1	263,379	0	263,379
EDUCATION		0	170,000	170,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER, SANITATION AND HYGIENE		0	860,000	860,000	0	0	0	0	1	0	1	0	0	1	253,256	0	253,256
SOCIAL MOBILIZATION AND ADVOCACY		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	250,000	250,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	3,000,000	3,000,000	0	0	0	1	2	0	3	0	0	3	769,891	0	769,891
TOTAL GR & SF	1,677,000	0	3,000,000	4,677,000	0	0	0	2	3	0	5	0	0	5	1,286,526	0	1,286,526
SUPPORT BUDGET			Operating costs	190,480													
			Staffing		0	0	1	1	1	0	3	0	1	4	893,489	209,473	1,102,962
GRAND TOTAL (GR + SF + SB)					0	0	1	3	4	0	8	0	1	9	2,180,015	209,473	2,389,488
Number of posts and staff costs:																	
Current programme cycle											2		1	3			
At the end of proposed programme cycle (indicative only)											8	0	1	9	2,180,015	209,473	2,389,488

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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Executive Board
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8-11 September 1998
Item 7 of the provisional agenda*

For action

Country programme recommendation**

India

Summary

The present document contains the final country programme recommendation for Board approval. The country note (E/ICEF/1997/P/L.9) was presented and discussed at the first regular Executive Board session in January 1997. A decision was taken subsequently to extend the 1996-1997 bridging programme for an additional year and to prepare a country programme for the present session. Since the country note remained valid, it was resubmitted to the Executive Board at its first regular session in January 1998.

The Executive Director *recommends* that the Executive Board approve the country programme of India for the period 1999 to 2002 in the amount of $120,042,000 from general resources, subject to the availability of funds, and $180,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* E/ICEF/1998/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

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The situation of children and women

1. During the 50 years of India's independence, progress has been made in all spheres of development and towards guaranteeing children their rights to survival, development and protection. The process has been accelerated by ratification of the Convention on the Rights of the Child in 1992, Constitutional Amendments on decentralized governance effected in 1993 and increased attention to key infrastucture investments in the social sector. The emergence of increasingly widespread and active grass-roots movements is evidence of greater civil society influence and involvement in development.

2. Achievements in the well-being of children include continued reductions in vaccine-preventable diseases, near universal salt iodization, 85 per cent access to safe drinking water and the virtual eradication of dracunculiasis. Pulse polio has been at the centre of a remarkable mobilization nationwide, putting the eradication of polio within reach. Gains also have been made in the physical provision of primary schools, with nearly 95 per cent of children having good access. Famine has become largely a phenomenon of the past, with self-sufficiency in food supply and improvements in the food distribution system.

3. Nevertheless, the magnitude of the child population in India — currently 380 million below the age of 18 years - and the diverse and disparate settings in which they live continue to present major challenges in meeting the rights of all children. Some 2 million children still die every year before the age of one year. Fifty-three per cent of children under five years of age are moderately or severely malnourished. Almost 100 million children between 6-14 years old do not attend school and are vulnerable to exploitation such as child labour. Every year approximately 125,000 women die of pregnancy-related complications. With the number of HIV-positive individuals estimated at 3 million, HIV/AIDS has infiltrated beyond the high-risk behaviour groups into the general population, affecting an increasing number of women and newborns.

4. Wide disparities exist in the fulfilment of children and women's rights in terms of geographic location, caste and gender. Infant mortality rates (IMRs) vary significantly between states; those among the Scheduled Castes population are 18 per cent higher than the national average. Within the rapidly growing urban areas, disparities are marked by acute deprivations among the urban poor, with children living in slums often worse off than their rural counterparts.

5. Severe anti-female bias at all ages, the low status of women, and poor access of girls and women to basic social services adversely affect the fulfilment of their rights. Girls face discrimination, neglect and negative social values, with the strong preference for sons persisting. Women's capacity to access information and make decisions in the household and community remains low. Young girls and women bear a heavy burden of domestic work. Poor care, including domestic violence and abuse, manifests itself in widespread malnutrition, illness and anaemia among adolescent girls and women, which contribute to the low birth weight of nearly one third of newborns and are prime causes of infant and child malnutrition.

6. Although immunization coverage has risen over the past decade, surveys indicate that in certain districts, no more than one third of infants are fully immunized. Unhygienic conditions, poor sanitation and inadequate shelter lead to infections, including diarrhoea and other childhood illnesses. High levels of malnutrition, often beginning before six months of age, continue through the vulnerable years of early childhood. Environmental conditions faced by the urban poor give rise to serious concern.

7. Despite progress, primary education is denied to nearly one half of India's children. Many of them drop out because of the poor state of primary schools, with overcrowding and high pupil-teacher ratios, and the inability of many families to support their learning which results in low learning achievements. Between the ages of 8-14 years, the protection rights of children are particularly prone to abuse by adults, either through economic exploitation or their becoming neglected street children. Considerable and increasing numbers of girls are entrapped in prostitution. Protection remains inadequate for many other children, especially those with physical and mental disabilities, or those in conflict situations.

8. Despite the enormous task of realizing all the rights of all children in India, recent political and economic developments point to favourable trends. Opportunities for community ownership of development programmes have been created by the 73rd and 74th Constitutional Amendments, which provide for the reservation of one third of seats for women in the elected local bodies, the *panchayats* in rural areas and *nagarpalikas* in urban areas. The empowerment of women has been reinforced by total literacy campaigns and the organization of women around micro credit-saving schemes. Important leadership in protecting child rights has been assumed by the judiciary. Recent landmarks in legal reform include a bill to make elementary education a fundamental right, presently in Parliament, and the Supreme Court judgement requiring greater efforts towards eliminating child labour in hazardous industries.

PROGRAMME COOPERATION, 1996-1998

9. The previous "bridging" programme (1996-1997, and extended to 1998) continued to support efforts to achieve the goals of the World Summit for Children as contained in the National Plan of Action for Children. Emphasis was placed on promoting child rights more

comprehensively through exploring the operational implications of a rights perspective at state level; further refining cross-cutting and programme strategies; carrying out policy analysis and advocacy; evaluating and drawing lessons from experience; and more closely integrating the programme with the emerging priorities of the national 9th Five-Year Plan. New strategic directions included shifting the focus of efforts to address malnutrition towards the very young child; promoting universal and compulsory primary education to eliminate and prevent child labour; and focusing on sanitation in the promotion of improved hygiene practices.

10. Community empowerment, especially of women, through convergent community action (CCA) was tested in rural and urban areas. It aimed to bring government service agencies into a closer and more responsive relationship with informed and actively participating communities. Capacity-building was initiated to support the devolution of development responsibilities to local bodies, with a first round of training of 100,000 elected women leaders. In urban areas, community-based organizations, including neighbourhood committees led by women, have demonstrated their value in bringing about change at the local level and in serving as a link to social sector actions in line with the CCA approach.

11. In health, support to child survival and safe motherhood (CSSM) saw the completion of training of front-line workers in almost all states. A new national programme of reproductive and child health (RCH), incorporating a more demand-driven and gender-sensitive approach to women's and children's health, was launched. With the equipping of first referral units, efforts shifted towards ensuring their appropriate staffing and improving community referral to subdistrict and district levels. Efforts were made to lower the risks associated with maternity through the promotion of birth spacing and increased coverage of antenatal care. Information and communication activities for preventing HIV/AIDS infection through specific healthy lifestyles education programmes for schoolchildren and college/rural youth were supported.

12. In nutrition, a new focus on feeding during pregnancy and the introduction of timely complementary feeding were launched in the context of efforts to better understand and promote improved caring practices. An integrated approach to combating iron deficiency anaemia was developed, with improved packaging of iron folic acid tablets and information for women. Efforts to eliminate iodine deficiency focused on salt iodization at the manufacturers' level and the promotion and monitoring of the availability of iodized salt in the community. For early childhood development, efforts were supported in the experimental Integrated Child Development Services (ICDS) blocks to make the *anganwadi* centres more attractive and to stimulate learning environments for the young child, linking the *anganwadi* to the primary school.

13. There was a significant shift in strategy for the child's environment in view of growing national capacities and achievements in the drinking water sector. The gradual phasing out of support to the national drilling programme allowed a focus on the emerging issues of water quality. Support continued for the development of a diversified set of low-cost and appropriate technologies, such as rainwater harvesting and hydro-fracturing, to serve difficult areas. In 1998, an independent national evaluation of guinea worm disease validated the zero case reporting by all states.

14. Although fulfilment of earlier Government commitments to allocate 6 per cent of gross domestic product to education proved elusive, increased external financing was directed to primary education with World Bank and European Union funding. UNICEF support focused on approaches to improve enrolment, attendance, quality and learning achievement that could be taken to scale by the Government. Activities to enhance competencies, skills and motivation were supported to empower teachers, along with simple methods to measure the learning process and milestones for use by parents and village education committees. In collaboration with the United Nations Development Programme, the United Nations Population Fund, the United Nations Educational, Scientific and Cultural Organization and the International Labour Organization, the first joint United Nations Education Initiative was pioneered. It centred on making the community a partner in participating and managing the school, and in improving the quality and accessibility of primary education.

15. New strategies were adopted to promote child protection, in collaboration with the Government and civil society. Partnerships were established with the National Human Rights Commission, the National Commission for Women, a range of non-governmental organizations (NGOs), the legal profession, the media, the private sector and trade unions. Support to innovative interventions of NGOs, such as the Rugmark Foundation, and working closely with district administrations, have shown the feasibility of rehabilitating children removed from hazardous and bonded labour. The nature, extent and causes of child trafficking and prostitution were documented and publicized. Advocacy continued for the recognition of the special needs of street children, commercial sex workers and children affected by HIV/AIDS.

16. Initial experience with multiple indicator cluster surveys (MICS) for measuring achievement of goals for women and children has helped to develop a survey system with representative information on each World Summit goal. This is now being applied for monitoring progress at national, state and local levels. During the programme period there were major evaluations of universal salt iodization; CSSM and water and environmental sanitation programmes, undertaken jointly with participating donors; and coverage evaluation surveys of National Immunization Days for polio eradication.

Lessons learned

17. First, the fulfilment of child rights does not correlate with levels of income in a predictable manner. For instance, discrimination against girls and anti-female biases are striking in Punjab and Haryana, two of the wealthiest states in the country. Kerala, Mizoram, Himachal Pradesh and Nagaland, all states with comparatively low per capita income, have performed impressively in ensuring the right to primary education. Extremely poor tribal communities give relatively more equality to girls and women.

18. Evidence also confirms that the assurance of women's rights is crucial for the fulfilment of child rights. A high degree of empowerment can emanate from collective action by women themselves, as well as from improvements in their access to information. Support to thrift and credit societies and self-help groups has been especially important in providing opportunities for the formation of women's groups. The confidence gained from successful management of these funds spill over into other areas of women's lives.

19. Action to address child rights in a highly stratified society must rest firmly at the community level. Child rights are most likely to be fulfilled if they are translated into goals that can be closely monitored by the community. The value of participatory training for front-line workers to change their attitudes towards the poor and improve their skills has been increasingly recognized. Local elected bodies have strong potential to promote these efforts.

20. Recent experience also suggests that, while legislation provides an enabling context by setting societal standards, change occurs only when civil society is mobilized around issues of child rights. A mix of public pressure, judicial activism and mobilization of appropriate partners can quickly generate new policy responses and interventions for children. Sustained advocacy has been crucial for public acceptance of new societal norms, bringing about changes in attitudes and making resource allocation patterns more favourable for children.

Recommended programme cooperation, 1999–2002

General resources: $120,042,000
Supplementary funding: $180,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Child and women's health	16 000	83 000	99 000
Education	20 000	28 000	48 000
Child development and nutrition	21 500	22 000	43 500
Child's environment	20 000	28 000	48 000
Convergent community action	10 006	4 500	14 506
Advocacy and communication for child rights	6 259	4 000	10 259
Planning, monitoring and evaluation	3 986	500	4 486
Child protection	7 172	10 000	17 172
Cross-sectoral costs	15 119	-	15 119
Total	**120 042**	**180 000**	**300 042**

a/ The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

21. The preparation of the new Government of India–UNICEF programme of cooperation was based on the development of an analytical and causality framework that emphasizes the interrelated nature of the problems affecting children, and on the central role of the status and position of women in society in addressing these conditions. The 9th Five-Year Plan incorporated in its approach paper the principles of child rights, with convergence and decentralization as cross-cutting strategies for social development. The situation analysis

examined areas of neglect, disparities and extreme violations. Assessments on major themes also were carried out by external experts. State-level meetings were held in 1997 to better identify "unreached" children and to conduct stakeholder analyses of child rights.

22. Ongoing review and dialogue with a wide range of partners culminated in a strategy meeting held in September 1996 with the Planning Commission, the National Commission for Women, the National Human Rights Commission as well as government ministries and departments. Consultations were held with government and civil society partners, as well as with representatives of United Nations agencies and heads of country missions in India. In preparing the programme, bilateral donors contributed to evaluations in key areas such as health, water and sanitation. Individual missions of bilateral agencies also have made important inputs, as has cooperation with other United Nations partners in the development of the United Nations Development Assistance Framework (UNDAF).

Objectives and strategies

23. The overall goal of the country programme is the realization of the rights of all children and women in rural and urban communities through the achievement of the following major goals by the year 2000: (a) to reduce the IMR and under-five mortality rate (U5MR) to at least 50 and 70 per 1,000 live births, respectively; (b) to reduce the maternal mortality ratio from 437 to below 300 per 100,000 live births; (c) to reduce severe and moderate malnutrition by at least 50 per cent of 1990 levels; (d) universal access to safe drinking water; (e) increased access to sanitation from the present level of 30 to 75 per cent; (f) universal access to primary education; and (g) the elimination of child labour, especially bonded and hazardous child labour. The programme aims to place and keep children high on the political agenda at all levels, and will strive to ensure that children have a "first call" on the country's resources. It will seek to accelerate achievement of the goals for children, creating awareness that progress is essential to the broader attack on poverty, population pressure and environmental degradation.

24. The country programme is driven by four strategic thrusts. Building and strengthening partnerships assumes a new significance in the child rights context. Alliances of central, state, district and local governments, as well as civil society partners need to be mobilized as a "caring community" that will accelerate actions to meet obligations to children. Decentralized community action will be promoted to respond to the diverse settings across the country and as a means of addressing the profound disparities that often impede the fulfilment of children's rights. Enhancing women's capabilities is especially important. Programmes will give greater emphasis to improving the position of women and strengthening their decision-making in the community. Ensuring convergence of basic social services around families most in need, yet presently unreached, has emerged as a further key strategic component. UNICEF support will aim to: (a) strengthen knowledge for decision-making, sharpen social policy analysis and improve planning for children; (b) broaden awareness and understanding of child rights; and (c) improve the effectiveness and efficiency of service delivery and upgrade its quality.

Child and women's health

25. In this programme, the new national RCH programme will give greater attention to quality, sensitivity to gender concerns and attitudes of service providers, particularly towards women and disadvantaged groups. UNICEF cooperation will aim to (a) strengthen the capacity of communities to express the health needs of children and women more effectively; (b) enable government health workers to respond with greater accountability to the community, and with sensitivity to the needs of neglected groups; and (c) improve the capacity of health systems to provide quality services. Attention will be given to the revitalization of primary health care subcentres through appropriate training and supervision. The reduction of still unacceptably high maternal mortality, especially in the northern and eastern states, will receive major attention through ensuring effective links between the communities and the first referral units for emergency obstetric care. Emphasis will be given to improved monitoring and participatory training methods. These will be reinforced by improved case management of childhood illnesses, adapting the World Health Organization/UNICEF protocol on Integrated Management of Childhood Illnesses and the Mother-Baby package to conditions across the country and focusing on the crucial neonatal period. At the national level, UNICEF will continue to support major mobilizations to eradicate polio. As part of its collaboration with the Joint and Cosponsored United Nations Programme on HIV/AIDS, UNICEF will support efforts to reduce the vertical transmission of HIV, prevent risk behaviours among youth, introduce the subject in school curricula and combat discrimination against children and women infected with HIV/AIDS.

Education

26. Cooperation in this programme is framed by recent legal actions to reinforce the universal right to elementary education. Advocacy will be intensified to bring about public acceptance of elementary education as a societal norm for all children and as a means to eliminate child labour. This will include a communication and media campaign and efforts to mobilize the needed resources. At the community level, efforts will centre on addressing critical issues of quality in the classroom. The child's active learning capacity will be improved by concentrating on the "quality" triangle, i.e. improving the quality of the child as an active learner, school-community partnerships through expanding opportunities for community participation, and the teacher's interaction in the classroom. This will include efforts to strengthen multigrade teaching as well as the promotion of Minimum Levels of

Learning. Teachers' empowerment will benefit from cluster resource centres. Special attention will be paid to reaching girls and reducing social disparities in educational achievements. The Joint United Nations Education project will pioneer efforts to strengthen decentralized planning of education, improve quality of data, forge stronger links with ECD programmes, and create community monitoring systems for ensuring that all children attend school.

Child development and nutrition

27. This programme will aim to reduce malnutrition among young children, adolescents and women in an integrated manner. Malnutrition will be highlighted as a rights issue and a development priority, with support given to alliances of NGOs and Government to make the nature and scale of malnutrition more visible and a target of intersectoral action. The nationwide infrastructure of *anganwadis* (child-care centres) will be mobilized under ICDS to reach out to children in the most vulnerable 0-2 year age group, focusing on caring practices and creating a safe environment in the household. Support will be expanded to address micronutrient deficiencies through improved coverage of iron folic acid supplements to prevent anaemia; testing the fortification of selected foodstuffs with micronutrients; and expanding the social marketing of iron and vitamin A supplements to vulnerable groups. Progress towards universal salt iodization will be supported by a shift in strategy towards building and reinforcing the monitoring system needed for sustainability and continued advocacy. Strategies will be identified with partners for ECD, preparatory to increased investment in this field. Efforts will be intensified to improve the quality of early childhood stimulation in *anganwadis*, and to introduce child-centred, active learning that will facilitate a natural progression from ECD to primary schooling.

Child's environment

28. The programme will address the interlinked areas of sanitation, hygiene and water supply. With significant achievements in the provision of safe drinking water, the programme strategy will shift to focus more intensively on environmental sanitation and hygiene, and re-position UNICEF support to drinking water. Support to increasing sanitation coverage will include major efforts in social mobilization and behavioural change, using schools as key channels to establish new community norms; the provision of sanitation options appropriate for different income levels; the scaling up of "alternative" sanitation marketing and delivery systems; and community action. In selected urban slum communities, an integrated approach, bringing together sanitation, water, nutrition and health inputs, will be designed and tested. The focus in drinking water supply will be on (a) reaching communities presently not reached; (b) improving water quality; and (c) the broader concerns of sustainability, including the urgency of conserving fresh water resources. The development of systems for water quality monitoring and surveillance will concentrate on areas where problems of quality threaten the water environment. UNICEF resources will focus on developing approaches that will help communities plan, monitor and manage their own water, sanitation and family hygiene environment. Advocacy on fresh water resources will be in partnership with NGOs such as the World Wide Fund for Nature.

Convergent community action

29. This will continue to be applied as a strategy to instil community-based planning, implementation and monitoring throughout activities supported under the country programme. The design and development of intersectoral approaches, with indicators to measure processes in support of rights fulfilment, will be focused in 50 districts. The strategy also reflects the decentralization of governance to respond to community priorities, and seeks to strengthen this process through building the capacities of elected members of *panchayats* and *nagarpalikas*, especially women. Some 500,000 women members of local government bodies will be trained. City planning systems will be supported by improved information mechanisms on the situation of poor urban children and women, especially through community mapping and participatory learning and action. The special circumstances in urban slums, which foster criminality and violence, will need to be more clearly understood.

Advocacy and communication for child rights

30. This programme will promote policies and programmes to ensure wide public knowledge of the challenges, commitment and essential actions to build a climate for achieving child rights. Special attention will be given at both national and state levels to strengthen follow-up and reporting on the Convention of the Rights of the Child as well as for the review, revision and enforcement of laws in line with the principles of the Convention. The advocacy strategy will focus particularly on establishing the concept of the "caring community" for children, aimed at changing attitudes at policy, societal and service levels. Advocacy will address all rights of children as articulated in the Convention, with an emphasis on themes such as compulsory primary education, child protection, nutrition, the urban and migrant child, and the girl child.

Planning, monitoring and evaluation

31. The programme will provide critical inputs to improving the quality, efficiency and effectiveness of programme interventions. They will enable UNICEF to improve its internal operations and serve as an effective knowledge-based institution. The programme will focus on (a) social policy analysis; (b) strengthening the evaluation component of the programme; and (c) expanding the use and refining approaches to monitoring goals for children at national and subnational levels. A wide

range of evaluations and studies will be supported. Indicators will be developed at all levels for each programme and its objectives. Lessons learned from evaluations will feed back into the policy process and be used to leverage funds for children from Government and donors. New community-based monitoring systems will be developed, with support provided to national- and state-level data systems for children. Support also will be provided for major surveys, including the further development and use of MICS for monitoring goals. The new rights-based situation analysis will be developed further and updated on an annual basis.

Child protection

32. The programme aims to reach children excluded from development and social services, including child labourers, especially bonded child labourers; child prostitutes; street children; and children in conflict with the law. The programme strategy will focus on prevention through primary education and community processes, with particular attention to measures to tackle discrimination against girls. Selective support will be given to initiatives to release and rehabilitate children from child labour and prostitution, with a view to strengthening the knowledge of viable approaches and to document and disseminate these successes. The Juvenile Justice Act and its enforcement will be reviewed. Since violations of child protection rights stem from deeply ingrained social, economic and cultural systems, the programme will seek to promote systemic changes to protect these rights. Consistent with India's commitment in the South Asian Association for Regional Cooperation, the programme will work closely with the United Nations Development Fund for Women and others to develop strategies for preventing child trafficking and bonded child labour as well as to mobilize public opinion and wider civil society to set new societal norms to prevent all such flagrant violations of child rights.

Collaboration with other agencies and partners

33. UNDAF is under preparation with the participation of all United Nations agencies working in India. In addition to continuing to contribute to the development of UNDAF, UNICEF will work within its framework to ensure maximum complementarity between the goals and strategies of the different United Nations agencies. Efforts will be made to generate common advocacy positions by the United Nations system on issues affecting children and to strengthen approaches to critical cross-cutting concerns such as gender, community empowerment, local governance and human rights. UNICEF will collaborate closely with the World Bank, the Swedish International Development Agency, the Canadian International Development Agency, the United States Agency for International Development, the Australian Agency for International Development, the Department for International Development (United Kingdom), and the development missions of the Netherlands, Germany, Norway, Japan, Denmark and other countries.

Programme management

34. In keeping with the development diversity within India, the country programme of cooperation is substantially decentralized. The priorities, nature and mix of support will vary according to the situation in different states and regions. Six states (Assam, Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh), which account for nearly 45 per cent of India's children, will receive intensive UNICEF support. These states face major inadequacies in the fulfilment of children's rights, and deficiencies in public administration and governance. In states with a better provision of basic social services and a better performance on child rights, UNICEF-Government of India support will focus on reaching communities that are neglected and relatively deprived; on improving the quality of services; and on monitoring and capacity-building for social policy analysis and evaluation. In the other states, UNICEF efforts will focus on enhancing public awareness and creating an effective civil society movement for change.

35. At the national level, the coordinating agency for UNICEF is the Department of Women and Child Development, in the Ministry of Human Resource Development. Sectorally, the programme is developed jointly with individual line departments and ministries. Programme implementation is based on close working relationships between the 10 UNICEF state offices and the state governments and district administration in all of the major states and union territories. The overall management and performance of human and financial resources will be guided by the country programme management plan, a comprehensive analysis and framework which has been developed with wide staff participation.

36. A mid-term review will be held in late 2000 to assess programme progress and undertake any mid-course corrections that may be necessary to achieve the goals and objectives of the programme. Annual reviews will be conducted at both national and state levels. UNICEF will interact and work with all relevant ministries and departments, civil society organizations and various national and state commissions in a manner that encourages and promotes a multisectoral and partnership approach towards realizing child rights.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

India	(1996 and earlier years)		UNICEF country classification
Under-five mortality rate	111	(1996)	High USMR
Infant mortality rate	73	(1996)	High IMR
GNP per capita	$ 380	(1996)	Low GNP
Total population	944.6 million	(1996)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1996
Births	(thousands)	21898	23608	25017	24381
Infant deaths (under 1)	(thousands)	2847	2691	2176	1780
Under-five deaths	(thousands)	4511	4179	3277	2706
Under-five mortality rate (per 1,000 live births)		206	177	131	111
Infant mortality rate (under 1) (per 1,000 live births)		130	114	87	73

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1982/1993)	Moderate & severe	41*	53
	Severe	6*	21
Babies with low birth weight (%, 1984/1990)		30	33
Primary school children reaching grade 5 (%, 1985/1993)		62	62

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1993)	..	51
Timely complementary feeding rate (6-9 mos.) (%, 1993)	..	31
Continued breast-feeding rate (20-23 mos.) (%, 1993)	..	67
Prevalence of wasting (0-59 mos.) (%, 1993)	..	18
Prevalence of stunting (0-59 mos.) (%, 1993)	..	52
Total goitre rate	..	9
Household consuming iodized salt (%, 1996)	..	70

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1995)		..	67
Routine EPI vaccines financed by government (%, 1996)		..	100
Access to safe water (% of population, 1980/1994)	Total	41	81
	Urban/rural	77 / 31	85 / 79
Access to adequate sanitation (% of population, 1981/1994)	Total	8	29
	Urban/rural	27 / 1	70 / 14
Births attended by trained personnel (%, 1985/1993)		33	34
Maternal mortality rate (per 100,000 live births, 1990)		..	570

Immunization		1981	1985	1990	1996
One-year-olds (%) immunized against:	Tuberculosis	12	24	97	96
	DPT	31	45	92	89
	Polio	7	35	93	90
	Measles	..	..	87	81
Pregnant women (%) immunized against:	Tetanus	24	37	77	78

* (12-59)mos., covers eight states.

TABLE 1 (continued)

India

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1995)	Total	83 / ..	100 / 68*
	Male	98 / ..	110 / 75*
	Female	67 / ..	90 / 61*
Secondary enrolment ratio (gross/net) (%, 1980/1995)	Total	30 / ..	49 / ..
	Male	39 / ..	59 / ..
	Female	20 / ..	38 / ..
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	41	52
	Male/female	55 / 25	66 / 38
Radio/television sets (per 1,000 population, 1980/1995)		38 / 4	81 / 51

DEMOGRAPHIC INDICATORS		1970	1980	1990	1996	2000
Total population	(thousands)	554911	688856	850793	944580	1006770
Population aged 0-17 years	(thousands)	258297	309366	361964	382891	392310
Population aged 0-4 years	(thousands)	86621	96705	113902	111216	111946
Urban population (% of total)		19.8	23.1	25.5	27.1	28.4
Life expectancy at birth (years)	Total	49	54	59	62	63
	Male	50	54	59	62	63
	Female	48	54	59	62	64
Total fertility rate		5.6	4.7	3.7	3.2	2.9
Crude birth rate (per 1,000 population)		39	34	29	26	24
Crude death rate (per 1,000 population)		17	13	11	9	9

		About 1980	Most recent
Contraceptive prevalence rate (%, 1980/1993)		34	41
Population annual growth rate (%, 1965-1980/1980-1996)	Total	2.2	2.0
	Urban	3.6	3.0

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1985-1995)		15.0	3.2
Inflation rate (%, 1965-80/1985-95)		8	10
Population below $1 a day (%, 1992)		..	53
Household income share (%, 1983/1992)	Top 20%/bottom 40%	41 / 20	43 / 21
Government expenditure (% of total expenditure, 1980/1995)	Health/education	20 / 3	2 / 2
	Defence	4	14
Household expenditure (% share of total, 1980 or 1985)	Health/education	3 / 4	.. / ..
Official development assistance: (1980/1996)	$US millions	2236	1936
	As % of GNP	1	1
Debt service (% of goods and services exports(1980/1995)		9	23

* DHS 1992-93.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1996-1998 a/

COUNTRY: INDIA
LATEST BOARD APPROVAL: 1998
GENERAL RESOURCES: $106,465,000.00

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources b/		SF		Total (GR & SF)	
									Actual	Planned c/	Actual	Planned c/	Actual	Planned
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF						
Health	3,345	23,362	279	6,700	1,070	1,356	2,367	3,312	7,061	13,000	34,730	79,100	41,791	92,100
Nutrition	7,138	828	3,446	240	1,412	6	3,258	351	15,284	24,465	1,425	18,300	16,709	42,765
Water supply and sanitation	7,584	5,621	1,264	1,592	1,183	1,696	3,507	4,660	13,538	17,600	13,569	43,000	27,107	60,600
Education	2,081	377	1,300	493	1,736		4,143	1,361	9,260	17,500	2,231	29,500	11,491	47,000
Community organization and development	452	100	1,750	101	1,672		2,929	92	6,803	14,000	293	3,000	7,096	17,000
Social mobilization and advocacy	316	80	151	4	1,082		2,134	306	3,683	6,000	390	10,500	4,073	16,500
Planning and social statistics	406		3		298		358		1,065	3,500			1,065	3,500
Programme support	915		8		4,010		555		5,488	10,400		1,000	5,488	11,400
Emergency		35									35	-	35	
GRAND TOTAL	22,237	30,403	8,201	9,130	12,493	3,058	19,251	10,082	62,182	106,465	52,673	184,400	114,855	290,865

GR = General resources
FSF = Funded supplementary funding
SF = Supplementary funding, funded and unfunded

a/ Actual expenditure includes expenditure recorded as at closure 01, 30 April 1998.

b/ Actual GR expenditure includes allocations from global funds.

c/ Includes $71,600,000.00 (E/ICEF/1996/P/L.52) for 1996-1997 bridging programme and $34,865,000.00 (E/ICEF/1997/P/L.25) for 1998 bridging programme.

TABLE 3

COUNTRY: INDIA
PROGRAMME CYCLE : 1999-2002

PLANNED YEARLY EXPENDITURES

		1999	2000	2001	2002	TOTAL
CHILD AND WOMEN'S HEALTH	GR	4,500,000	4,000,000	4,300,000	3,200,000	16,000,000
	FSF					
	NSF	21,000,000	21,000,000	21,000,000	20,000,000	83,000,000
	TOTAL	25,500,000	25,000,000	25,300,000	23,200,000	99,000,000
EDUCATION	GR	5,500,000	5,000,000	4,750,000	4,750,000	20,000,000
	FSF					
	NSF	6,000,000	6,000,000	8,000,000	8,000,000	28,000,000
	TOTAL	11,500,000	11,000,000	12,750,000	12,750,000	48,000,000
CHILD DEVELOPMENT AND NUTRITION	GR	6,000,000	5,500,000	5,000,000	5,000,000	21,500,000
	FSF					
	NSF	5,000,000	5,000,000	6,000,000	6,000,000	22,000,000
	TOTAL	11,000,000	10,500,000	11,000,000	11,000,000	43,500,000
CHILD ENVIRONMENT	GR	5,200,000	5,000,000	4,900,000	4,900,000	20,000,000
	FSF					
	NSF	6,000,000	6,000,000	8,000,000	8,000,000	28,000,000
	TOTAL	11,200,000	11,000,000	12,900,000	12,900,000	48,000,000
CONVERGENT COMMUNITY ACTION	GR	2,566,972	2,549,563	2,302,170	2,587,709	10,006,414
	FSF					
	NSF	600,000	1,000,000	1,400,000	1,500,000	4,500,000
	TOTAL	3,166,972	3,549,563	3,702,170	4,087,709	14,506,414
ADVOCACY AND COMMNICATION	GR	1,535,779	1,474,905	1,543,321	1,704,508	6,258,513
	FSF					
	NSF	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
	TOTAL	2,535,779	2,474,905	2,543,321	2,704,508	10,258,513
PLANNING, MONITORING & EVALUATION	GR	911,926	824,971	914,441	1,334,836	3,986,174
	FSF					
	NSF		100,000	200,000	200,000	500,000
	TOTAL	911,926	924,971	1,114,441	1,534,836	4,486,174
CROSS-SECTORAL COSTS	GR	3,784,469	3,599,623	3,820,187	3,914,273	15,118,552
	FSF					
	NSF					
	TOTAL	3,784,469	3,599,623	3,820,187	3,914,273	15,118,552
CHILD PROTECTION	GR	1,823,854	1,649,938	1,728,881	1,969,674	7,172,347
	FSF					
	NSF	2,000,000	2,000,000	3,000,000	3,000,000	10,000,000
	TOTAL	3,823,854	3,649,938	4,728,881	4,969,674	17,172,347

TABLE 3

COUNTRY: INDIA
PROGRAMME CYCLE : 1999-2002

PLANNED YEARLY EXPENDITURES

		1999	2000	2001	2002	TOTAL
	GR	31,823,000	29,599,000	29,259,000	29,361,000	120,042,000
	FSF					
TOTAL, PROGRAMME BUDGET	NSF	41,600,000	42,100,000	48,600,000	47,700,000	180,000,000
	TOTAL	73,423,000	71,699,000	77,859,000	77,061,000	300,042,000
STAFF COSTS a/		2,355,395	2,453,623	2,565,075	2,684,101	10,058,994
GENERAL OPERATING COSTS		1,275,132	1,408,260	1,421,460	1,419,560	5,524,412
TOTAL, ESTIMATE SUPPORT BUDGET		3,630,527	3,861,883	3,987,335	4,103,661	15,583,406
GRAND TOTAL		77,053,527	75,560,883	81,846,335	81,164,661	315,625,406

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

a/ Including consultants and temporary assistance.

E/ICEF/1998/P/L.31

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : INDIA
PROGRAMME : 1999-2002

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
CHILD AND WOMEN'S HEALTH	16,000,000			16,000,000	0	0	1	0	0	0	1	2	6	9	745,414	616,271	1,361,685
EDUCATION	20,000,000			20,000,000	0	0	1	0	0	0	1	10	3	14	745,414	1,730,581	2,475,995
CHILD DEVELOPMENT AND NUTRITION	21,500,000			21,500,000	0	0	1	1	0	0	2	9.9	4	15.9	1,365,719	1,558,580	2,924,299
CHILD ENVIRONMENT	20,000,000			20,000,000	0	0	1	1	0	0	2	2	4	8	1,365,719	587,516	1,953,235
CONVERGENT COMMUNITY ACTION	10,006,414			10,006,414	0	0	1	0	0	0	1	8	2	11	745,414	1,348,583	2,093,997
ADVOCACY AND COMMNICATION	6,258,513			6,258,513	0	0	0	0	0	0	0	5	2	7	0	813,046	813,046
PLANNING, MONITORING & EVALUATION	3,986,174			3,986,174	0	0	1	0	0	0	1	2	2	5	745,414	501,204	1,246,618
CROSS-SECTORAL COSTS	15,118,552			15,118,552	0	1	1	3	3	0	8	9	102.6	119.6	5,053,618	6,203,123	11,256,741
CHILD PROTECTION	7,172,347			7,172,347	0	0	0	0	2	0	2	6	0	8	1,036,068	983,532	2,019,600
TOTAL GR	120,042,000			120,042,000	0	1	7	5	5	0	18	53.9	125.6	197.5	11,802,780	14,342,436	26,145,216
SUPPLEMENTARY FUNDING :																	
CHILD AND WOMEN'S HEALTH		0	83,000,000	83,000,000	0	0	0	1	0	0	1	11.4	7.9	20.3	620,305	2,242,839	2,863,144
EDUCATION		0	28,000,000	28,000,000	0	0	0	1	0	0	1	1	0	2	620,305	163,922	784,227
CHILD DEVELOPMENT AND NUTRITION		0	22,000,000	22,000,000	0	0	0	0	0	0	0	0.7	0	0.7	0	79,960	79,960
CHILD ENVIRONMENT		0	28,000,000	28,000,000	0	0	0	0	3	0	3	9	1.5	13.5	1,554,102	1,377,254	2,931,356
CONVERGENT COMMUNITY ACTION		0	4,500,000	4,500,000	0	0	0	0	0	0	0	1	1	2	0	225,342	225,342
ADVOCACY AND COMMNICATION		0	4,000,000	4,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PLANNING, MONITORING & EVALUATION		0	500,000	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		0	10,000,000	10,000,000	0	0	0	0	0	0	0	1	0	1	0	163,922	163,922
TOTAL SF		0	180,000,000	180,000,000	0	0	0	2	3	0	5	24.1	10.4	39.5	2,794,712	4,253,239	7,047,951
TOTAL GR & SF	120,042,000	0	180,000,000	300,042,000	0	1	7	7	8	0	23	78	136	237	14,597,492	18,595,675	33,193,167
SUPPORT BUDGET			Operating costs	5,526,412													
			Staffing		1	1	1	4	0	0	7	9	57	73	4,684,990	5,224,004	9,908,994

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/									STAFF COSTS b/		
GRAND TOTAL (GR + SF + SB)	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
					1	2	8	11	8	0	30	87	193	310	19,282,482	23,819,679	43,102,161
Number of posts and staff costs:																	
Current programme cycle											31	84	198	313			
At the end of proposed programme cycle (indicative only)											30	87	193	310	19,282,482	23,819,679	43,102,161

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.